

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000008536 (1)**

1. Corporation Name  
**DETHESTRUP, INC.**



Principal Place of Business Mailing Address  
**11705 LYNMOOR DR RIVERVIEW FL 33569** **11705 LYNMOOR DR RIVERVIEW FL 33569**

**PLEASE REVERSE**

3. Date Incorporated or Qualified **01/27/1995** 3a. Date of Last Report **N.A.**

2. Principal Place of Business 2a. Mailing Address  
21 **P.O. BOX 2704** 26 **13220 SINGLETON ST.**

4. FEI Number **59-3291938** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 **PONTE VEDRA BEACH, FL** 28 **JACKSONVILLE, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 **32004** 25 **USA** 29 **32225** 30 **USA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GOBBI, DAVID P**  
**11705 LYNMOOR DR**  
**RIVERVIEW FL 33569**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**13220 SINGLETON ST.**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32225**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE *David P. Gobbi* **DAVID P. GOBBI** **4/22/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOBBI, DAVID P</b>	
STREET ADDRESS	<b>11705 LYNMOOR DR</b>	
CITY - ST - ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOBBI, FRANCINE</b>	
STREET ADDRESS	<b>11705 LYNMOOR DR</b>	
CITY - ST - ZIP	<b>RIVERVIEW FL 33569</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>13220 SINGLETON ST.</b>
1.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32225</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>13220 SINGLETON ST.</b>
2.4 CITY - ST - ZIP	<b>JACKSONVILLE, FL 32225</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, trustee, or assignee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David P. Gobbi* **4/22/96 (904) 285-9188**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time Phone #